

MULTIPLE DEPEN.
CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 582319

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6						
7		1				
8						
9						
10	1					
11		1				
12		1				
13		1				
14		1				
15	C	C				
16		1				
17	C	C				
18		1				
19						
20						
21	1					
22		1				
23		1				
24						
25						
26		1				
27		1				
28		1				
29	C	C				
30		1				
31		1				
32		1				
33	C	C				
34		1				
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48						
49						
50						
TOTAL IND.	3		↓		↓	↓
TOTAL DEP.	18	←	←	←	←	←
TOTAL CLAIMS	21					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						